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CONFIRMATION NO. 9952

Bib Data Sheet

SERIAL NUMBER 10/800,952	FILING OR 371(c) DATE 03/15/2004 RULE	CLASS 005	GROUP ART UNIT 3673	ATTORNEY DOCKET NO. 8266-1224
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APPLICANTS
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**** CONTINUING DATA *******
 This application is a CIP of 10/793,723 03/05/2004
 which is a CON of 09/921,317 08/02/2001 PAT 6,701,556
 which is a DIV of 09/306,601 05/06/1999 PAT 6,269,504
 which claims benefit of 60/084,411 05/06/1998

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 05/29/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY SC	SHEETS DRAWING 13	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 3
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ADDRESS
25267

TITLE
Patient support

FILING FEE RECEIVED 1260	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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